

January 31, 2003

MDR Tracking #:  
IRO #:

M2-03-0446-01  
5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 62-year-old lady who in her employment in the janitorial department of \_\_\_ slipped and fell on a soda that was spilled on the floor on \_\_\_. She was evaluated by \_\_\_, who noted that she had injured her neck and low back regions. She had x-rays of the lumbar area, C-spine and both ankles. She was given IV Robaxin, started on Anaprox and outpatient therapy. She underwent conservative treatments for her neck, low back, ankle and right shoulder. The latter started hurting after the initial evaluation. The patient was noted to have severe degenerative changes in the shoulder and in the lumbar spine and the cervical spine with confirmation by MRIs to be of those several areas. She underwent EMG study by \_\_\_, who identified right carpal tunnel syndrome without evidence of radiculopathy on EMG from either the cervical or lumbar region. She states that she had to retire from her prior work due to persistent pain in her neck and legs. She experienced depression requiring the use of anti-depressants. She underwent an EEG on 6/9/94 by \_\_\_ and was reported as normal. She has been seen recently for worsening of her symptoms associated with her neck and back, as well as problems with her thought processes. She had been followed by \_\_\_, who obtained consultation from \_\_\_, orthopaedist, who felt that she may require further treatments, but wanted to review old x-rays and tests. He also stated she would need a new CT myelogram. Consultation was obtained with a psychiatrist who requested an MRI of the head to determine if any damage had been caused by her fall back in \_\_\_ to account for more recent problems with memory. The

carrier has not authorized MRI of the head/brain, stating it is a repeat MRI of the head/brain.

#### REQUESTED SERVICE

A repeat MRI is requested for \_\_\_\_.

#### DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The reviewer agrees with the prior adverse determination regarding a repeat MRI of the head/brain.

The reviewer disagrees with the prior adverse determination regarding a repeat MRI of the cervical and lumbar spine.

#### BASIS FOR THE DECISION

The multiple medical morbidities that the patient is experiencing, including obesity and the use of medications for her heart and depression, are likely contributors to this patient's current mental status problems. She did have a normal EEG done within a year of her initial injury that was normal, indicating no evidence of brain damage at the time of the fall.

The request for the MRI of her cervical and lumbar spine is a different issue from the MRI of the brain. The cervical and lumbar areas of injury were well documented in the records. In determining the best method of treatment for \_\_\_\_, the MRI studies of her cervical and lumbar spine are clearly indicated. Neurosurgeons quite frequently need repeat MRIs within months if they are evaluating the need for surgical intervention.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_\_, dba \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).